OMB APPROVAL FORM D **UNITED ST VIB Number:** 3235-0076 SECURITIES AND EXCH coires: May 31, 2002 02046324 Washington, D. stimated average burden hours per form: 16.00 FORM D NOTICE OF SALE OF SECURITIES SEC USE ONLY PURSUANT TO REGULATION D, Prefix Serial SECTION 4(6), AND/OR INIFORM LIMITED OFFERING EXEMPTION DATE RECEIVED Name of Offering (check if this is an amendment and name has changed, and indicate change.) Charles Investment Partners L.P. Filing Under (Check box(es) that apply:) Rule 504 ☐ Rule 505 ☑ Rule 506 ☐ Section 4(6) □ ULOE Type of Filing: ☑ New Filing □ Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Charles Investment Partners L.P. Address of Executive Offices (Number and Street, City, State Zip Code) Telephone Number (including Area Code) 1300 Connecticut Avenue, N.W., Washington, D.C. 20036-1703 (202) 530-5000 Address of Principal Business Operations (Number and Street, City, State and Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) **Brief Description of Business** To operate as a private investment partnership.

GENERAL INSTRUCTIONS

Type of Business Organization

Actual or Estimated Date of Incorporation or Organization:

Jurisdiction of Incorporation or Organization:

Corporation

☐ business trust

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

☑ limited partnership, already formed

Month

6

(Enter two-letter U.S. Postal Service abbreviation for

State: CN for Canada; FN for other foreign jurisdiction)

Year

2

0

☐ limited partnership, to be formed

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given belowor, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in PartsA and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (2/97) 1of 8

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☐ other (please specify):

THOMSON

Ν

✓ Actual

A. BASIC IDENTIFICATION DATA

- Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

* Each general and ma		•		1 1		····		- r	mersing issuers, and
Check Box(es) that Apply:	☑ Promoter		Beneficial Owner		Executive Officer		Director	Ø	General and/or Managing Partner
Full Name (Last name first, if	individual)								
Charles Investments L.F	· _								
Business or Residence Addres	s (Number and	l Stree	t, City, State, Zip (Code)	•				
1300 Connecticut Aver	ue, N.W., Su	ıite 8	50, Washingto	n, D	C. 20036-17	03			
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer from the Issuer's G		Director	☑ er	General and/or Managing Partner*
Full Name (Last name first, if	individual)								
Charles Investments LL	Cartell		plot (i		2,444	9			a dida
Business or Residence Addres	s (Number and	l Stree	t, City, State, Zip (lode)			18	DW.	
Charles Investments LL	C, 1300 Con	necti	cut Avenue, N	W.,	Suite 850, Wa	shin	gton, D.	C. 2	0036-1703
Check Box(es) that Apply:	☐ Promoter	\square			Executive Officer*				General and/or
			*of the Genera	al Pa	rtner of the Iss	uer'	s Genera	l Part	ner Managing Partner
Full Name (Last name first, if	individual)	*-							
Brody, Kenneth D.									
Business or Residence Addres	•		t, City, State, Zip (1700
Charles Investments LL									
Check Box(es) that Apply:	☐ Promoter			4 5 8 6 T 3 2 4 X 6 T 5 X	Executive Officer* artner of the Iss		42 3 1 2 4 1 5 4 4 6 3 7 5 4 9 6 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7	220000000000000000000000000000000000000	
Full Name (Last name first, if	individual)						Capa in		Beren Britania
Chartener, Robert	A REPORT OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN		1.00 M						
Business or Residence Addres Charles Investments LL		G	t, City, State, Zip (ehin	aton D	C 2	0036-1703
Check Box(es) that Apply:	□ Promoter				Executive Officer				General and/or
Check Box(cs) that Appry.	- Promoter		Denement owner		Extensive officer				Managing Partner
Full Name (Last name first, if	individual)						•		
Business or Residence Addres	s (Number and	d Stree	t, City, State, Zip (Code))		-		
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)								
Business or Residence Addres	s (Number and	d Stree	t, City, State, Zip	Code)		AL C	- 140 - 40		
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)	vijak u Urus	:						
Business or Residence Addres	s (Number and	d Stree	et, City, State, Zip (Code))				
	(Use blank s	heet, c	or copy and use add	lition	al copies of this she	et, as	necessary.)	· · · · · · · · · · · · · · · · · · ·

		il .		В.	INFORMA	TION ABO	JT OFFERI	NG					
1. Has the	e issuer sol	d, or does th	, ne issuer int	end to sell,	to non-accre	edited inves	tors in this o	offering?			Yes	No ☑	
				Answer als	so in Append	dix, Column	2, if filing u	nder ULOE.					
2. What is the minimum investment that will be accepted from any individual?											\$500,000*		
* The General Partner may, at its sole discretion, consider offering Limited Partnership Interests in smaller amounts. 3. Does the offering permit joint ownership of a single unit?										Yes ☑	No		
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Full Name	(Last name	first, if indiv	ridual)	_									
None													
Business of	or Residence	e Address (I	Number and	Street, City	, State, Zip	Code)							
			·										
Name of A	ssociated B	roker or Dea	aler										
			s Solicited c								D A	States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[A]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[Ri]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Name	(Last name	first, if indiv	idual)										
Business or Residence Address (Number and Street, City, State, Zip Code)													
Nome of A	ssociated B	rokor or Do	alor										
Name of A	SSOCIATEU D	TOKET OF DE	aiei										
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)													
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[AW]	[WV]	[WI]	[WY]	[PR]	
Full Name	(Last name	first, if indiv	idual)										
							- , ···						
Business o	r Residence	e Address (N	Number and	Street, City	, State, Zip	Code)							
Name of A	ssociated B	roker or Dea	aler										
			-,-										
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)										All States			
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box ☑ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		Aggregate Offering Price			Amount Already Sold
	Debt	\$	0		\$	0
	Equity	\$	0	_	\$	0
	☐ Common ☐ Preferred			_	_	
	Convertible Securities (including warrants)	\$	0		\$	0
	Partnership Interests	\$	30,000,000*	_	\$	30,000,000*
	Other (Specify)	\$	0	_	\$	0
	Total	\$	30,000,000*		\$	30,000,000*
	Answer also in Appendix, Column 3, if filing under ULOE.				_	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number			Aggregate Dollar Amount
			Investors			of Purchases
	Accredited Investors		39	_	\$_	30,000,000
	Non-accredited Investors.	_	0	_	\$_	0
	Total (for filings under Rule 504 only)	-	N/A	_	\$_	N/A
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		Type of			Dollar Amount
	Type of offering		Security			Sold
	Rule 505	_	N/A	_	\$_	N/A
	Regulation A		N/A	_	\$_	N/A
	Rule 504	_	N/A	_	\$_	N/A
	Total	_	N/A	_	\$_	N/A
sis	.a. Furnish a statement of all expenses in connection with the issuance and distribution of the ecurities in this offering. Exclude amounts relating solely to organization expenses of the suer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees]	\$_	0
	Printing and Engraving Costs		ゼ	3	\$_	5,155
	Legal Fees		ゼ	3	\$_	53,000
	Accounting Fees		☑	1	\$_	16,500
	Engineering Fees]	\$_	0
	Sales Commissions (specify finders' fees separately)		, []	\$_	0
	Other Expenses (identify) Miscellaneous		☑	1	\$_	31,185
	Total		₹	1	\$_	105,840

466186

 $^{^{\}star}$ The offering is an exchange of partnership interests pursuant to the redomiciliation of the partnership from Delaware to the Cayman Islands.

	C. OFFERING PRICE, N	UMBER OF INVI	ESTORS, EXPE	ENSI	ES A	AND USE OF PI	ROCE	EDS	Sur Rangue state in			
	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."							\$29,894,160				
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b. above.												
						Payments to Officers, Directors, & Affiliates			Payments To Others			
	Salaries and Fees				\$_	0		\$_	0			
	Purchase of real estate				\$_	0		\$_	0			
	Purchase, rental or leasing and installation of	of machinery and equ	ipment		\$_	0		\$_	00			
	Construction or leasing of plant buildings an	d facilities	••••••		\$_	0		\$_	0			
	Acquisition of other businesses (including the offering that may be used in exchange for											
	issuer pursuant to a merger)				\$_	0		\$_	0			
Repayment of indebtedness						0		\$_	0			
	Working capital				\$_	0		\$_	00			
	Other (specify): (Investment Capital)				\$_	0	$\overline{\square}$	\$_	29,894,160			
	Column Totals				\$	0		\$	29,894,160			
Total Payments Listed (column totals added)						☑ \$	29,89	94,16	60			
		D. FEDER	RAL SIGNATUR	RE		munitalizazione			Nestrantings, page 2			
Si	ne issuer has duly caused this notice to be signature constitutes an undertaking by the issiformation furnished by the issuer to any non-a	uer to furnish to the U	J.S. Securities and	Excha	ange	Commission, upon						
Issu	er (Print or Type)	Signature	00			Date						
Ch	Charles Investment Partners L.P. July						· <u>//</u> , 2002					
Nan	ne of Signer (Print or Type)	Title of Signer (Print	t or Type)									
Ro	bert Chartener	Manager of the	General Partn	er o	f the	e Issuer's Gene	ral P	artn	er			
ATTENTION												
L	Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).											